

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>MOSCA</i>		<i>1/16/01</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>12</i>	<i>883</i>	
<b>FORMALITY REVIEW</b>			<i>01-16-02</i>
<b>RESPONSE FORMALITY REVIEW</b>			

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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*926  
01/16/02*